

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AD FILED		AVAILABILITY ADDED/CHGNT		AVAILABILITY ADDED/CHGNT			
	CID	DEP	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.	8							
TOTAL DEP.	21							
TOTAL CLAIMS	29							